HTANGE OF STADINISED - SOLET . .

| DEPLY: MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exect this case, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ectar. Page 4 shauld be rearrant to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your standard to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your standard to Theorem 1. | | | I | |
|--|-----------------|----------------|---------------|-----------------|
| FEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, at Hificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ectar. Page warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your form to burial-transit permit. File pages 1 and 2 with the registrar prior to Eurial | please exe- | 4 shauld be | | , crematian, |
| REPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay tificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral warrow to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar | y is necessary, | ectar. Page | | prior to Burial |
| **EPUTA** MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs offer death, tificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained UNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with | If any delay | the funera | d far your | the registrar |
| EPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haur at liftcate, writing the ward "pending" in pencil in Item 18. Give Pages 1 warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 m JNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages | s ofter death. | , 2, and 3 ta | ay be retaine | I and 2 with |
| **REPUTY** MEDICAL EXAMINER: This certificate should be executed we the historie, writing the ward "pending" in pencil in Hem 18. warded to the Chief Medical Examiner's Office along with form PN-UNERAL DIRECTOR: Page 3 should be used as a burial-transit permi | rithin 24 haur | Give Pages 1 | 13. Page 5 m | t. File pages |
| EFULTY MEDICAL EXAMINER: This certificate should be the tificate, writing the ward "pending" in pencil wardous to the Chief Medical Examiner's Office along JNERAL DIRECTOR: Page 3 should be used as a burial | be executed w | in Item 18. | with form PN | -transit permi |
| FEULY MEDICAL EXAMINER: This certified the ward "pendi wardous to the Chief Medical Examiner's UNERAL DIRECTOR: Page 3 shauld be use | icate shauld b | ng" in penci | Office alang | ed as a burial |
| EPUT MEDICAL EXAMINE H Histories, writing the warded to the Chief Medica UNERAL DIRECTOR: Page 3 | R: This certifi | ward 'pendi | Examiner's | shauld be use |
| e Herificate warded to the UNERAL DIREC | AL EXAMINE | e, writing the | Chief Medica | TOR: Page 3 |
| | EPLY MEDIC | e H tifical | warues to the | JNERAL DIREC |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH St. Mary s 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) laryland o. STATE b. COUNTY St. Mary's MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 and give negrest town XUSHAS, Patument River, Maryland atuxent River d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) USILS, Station Hospital Patuxent River, Maryland NAME OF Middle 4. DATE DECEASED Pierro ARMOLD George June DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED FT NEVER MARRIED TIS. DATE OF BIRTH P. AGE Jin years IF UNDER TYEAR 5. SEX lost birthday) Months 9-8-32 Dovs Male Caucasian WIDOWED | DIVORCED [7] YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retized) 12. CITIZEN OF WHAT COUNTRY? U.S.A. U.S. Navy Minnesota Crash Crew 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Douglas John KEIM Florence Pligve LEACH 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Official U.S. Navy Records Yes 6-60 18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] INJURIES, MULTIPLE, EXTREME PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Crash Crew - struck by aircraft debris

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? YES T NO [7]

factory, street, office bldg., etc.) While Not while at work at work USMAS. Patuxent River. Md 1950 St. Mary s. Maryland 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that

death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)

STATION HOSP., USRAS, PATUNENT RIVER, ID ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER D. BOYD, ME **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type)

> 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Shakopee Minn.

e. IS RESIDENCE

ON A FARM?

YES NO P

Yeor

19

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

(County)

7 June 1960

Immediate

(Stote)

DATE SIGNED

(Stole)

Min.

6-9-60 24g. REC'D BY REGISTRAR 2 24b. REGISTRAR'S SIGNATURE **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE DATE

W. Clarke Mattingley Leonardtown. Maryland

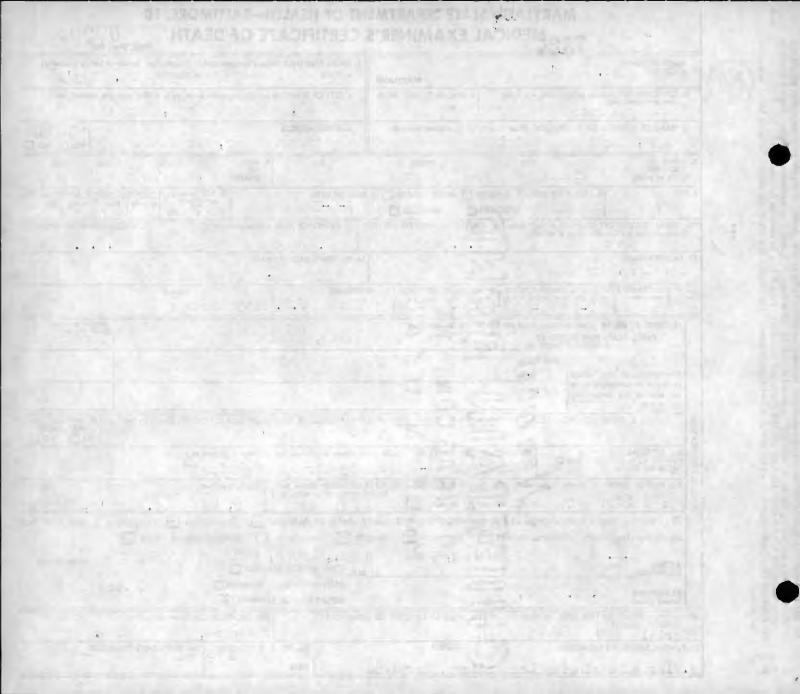
Month, Day, Year

20c. TIME OF INJURY

REMOVAL (Specify)

220. BURIAL, CREMATION, 226. DATE THEREOF

VS. A15ME(5) SM 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

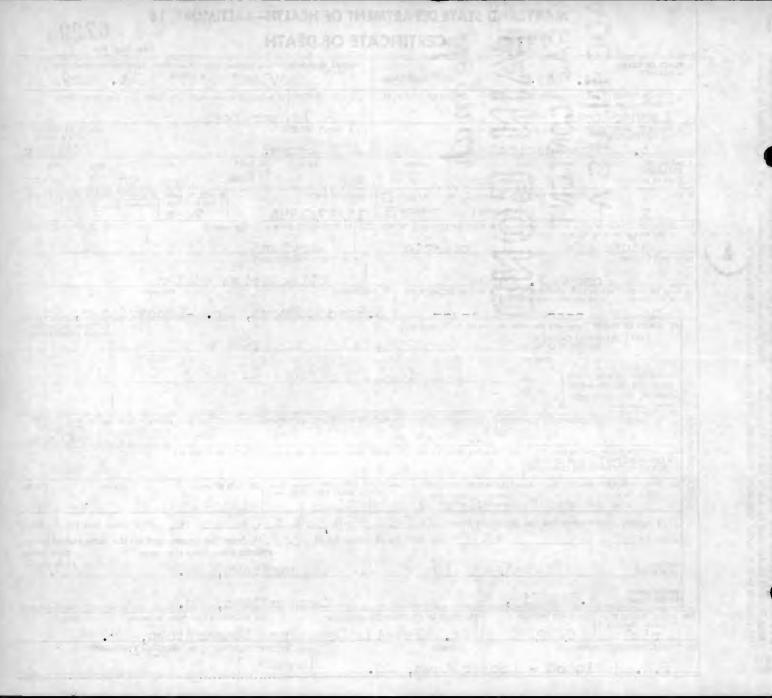
VS. A15ME(5) 5M 9/55

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(State)

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| TO DEPUT (EDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please exe- | ū | 4 | TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, | or removol. |
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VS. A15ME(5) 5M 9/55

| 7 | 732MEDI | CAL EXAMINER'S | S CERTIFICA | TE OF | DEATH | Reg. Dist. N | 7300 |
|---|---|-----------------------------------|--|-----------------|---------------------------------|----------------------|---|
|). PLACE OF DEATH | | | 2. USUAL RESIDENCE | | | itian: Residence b | refore admission) |
| St. | Mary's | MARYLAND | o. STATE Mis | sissip | pi b. count | Y ? | 61X-3 |
| b. CITY OR TOWN and give nearest for | (If outside corporate limits, write RUR/ | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | If outside corp | porote limits, write | RURAL and give | nearest town) |
| | TUXENT RIVER | 0 | | | | Jackson | |
| | tion Hospital) | in hospital, give street address) | d. STREET ADDRESS | on St. | | | o. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED | First | Middle | Lost | 4. DATE OF | Montl | h Do | y Year |
| (Type or print) | Clyde | A | CHATHAM | DEATH | June | 7 | 19 60 |
| 5. SEX | | MARRIED NEVER MARRIED 8 | . DATE OF BIRTH | | 9. AGE (In years lot) birthday) | IF UNDER TYEAR | |
| Male | Caucasian wu | DOWED DIVORCED | Jan. 8, 1 | 935 | 25 уп. | Months Days | Hours Min. |
| 100. USUAL OCCUPAT | ION (Give kind of work done ing life, even if retired) | 106. KIND OF BUSINESS OR INDUST | TRY 11. BIRTHPLACE (Stot | e or foreign o | ountry) | - 12. CITIZEN | OF WHAT COUNTRY? |
| dering more or none | and mot avon in tormon | U.S. Air Force | Missis | sippi | | U. | S.A. |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | | | |
| C17 | yde R. Chatha | ım | Lottie A. | (Last | t name u | nknown) | |
| 15. WAS DECEASED E (Yes, no. or unknown) Yes | VER IN U. S. ARMED FORCES; (If yes, give wer or doles of seption | ? 16. SOCIAL SECURITY NO. 17. II | NFORMANT | | Address | | |
| Conditions, if gove rise to immu (o), stating the cause tast. | DUE TO | INJURIES, MULTIPI | E, EXTREME | | | In | mediate |
| PART II, OT | THER SIGNIFICANT CONDITIO | ONS CONTRIBUTING TO DEATH BUT I | NOT RELATED TO THE TERM | MINALDISEASI | E CONDITION GIV | EN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO |
| PRIMARY OF CO | ONTRIBUTING | SCRIBE HOW INJURY OCCURRED. (E | inter noture of injury in Po | art Lor Part II | of item 18.) | | |
| | | Crewman in helic | copter struc | k by na | aval airc | eraft (F | BU). |
| 3:50 p.m. | | While Not while USNA | CE OF INJURY (Home, for pary, street, office bldg., et S, Patuxent | c.1 ! | | (County) St. Mary | (Stote) |
| 21. I certify | that I taak charge of | the remains described aba | | | | | |
| | | ses [], Accident []: Sui | cide, Hamicid | le 🔲, Ur | ndetermined o | | 3, |
| ACTUAL S | D. HARMON, L. | r MC USN, Station | Hospital U | | | RIVER, | MIDATE SIGNED |
| EXAMINER'S W | m. D. BOYD MI | | DEPUTY MEDICAL | | | 7 J | une 1968 |
| 220. BURIAL, CREMATI REMOVAL (Specify Burial | ON, 226. DATE THEREOF | Cedarlawn | | Jack | TION (City, town, | | (Stote) ississipp: |
| 23. FUNERAL DIRECTO | | ADDRESS | | D BY REGIST | | STRAR'S SIGNATI | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

where where the state of the st the control of the first the product that parties in the control of the product of the state of the first term the second of th (ALE SHILL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admiss on) ay is necessary, al director. Page for your files. Board of Health, a. COUNTY St. Mary's b. CITY OR TOWN (if outs, de corporete limits, MARYLAND Maryland c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural Leonardtown Board Life Rural Leonardtown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? State YES NOTE 4 within 24 hours after death If an 192. Give Pages 1, 2, and 3 to the informacy. Page 5 may be retained it. The pages 1 and 2 with the State yeart within 72 hours after death. 3. NAME OF First 4. DATE Middle Month Dey Yeer DECEASED OF (Type or print) DEATH Paul Elmer Connelly June 19 60 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Hours DIVORCED WIDOWED Malè Oct. 17 10a USLAL OCCUPATION (Give kind of work 11. B RTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY! 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland Clerk Store 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary M. Shore FillmoreConnelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detect service) 578 26 Office along with burial-transit per 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: ANGED pue IMMEDIATE CAUSE (a) **DUE TO** gave rise to immediate cause "pending" 10 DUE TO (a), stating the underlying Medical Examiner (C) cause last. cremation, or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART 1(8.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word NO F should 20b. DESCR BE HOW INJURY OCCURED. (Enter natura of Injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. age 3 s to buria forwarded to the Chief L DIRECTOR: Page 3 20d. INJURY OCCURRED : 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year (County) (State) factory, street, office bldg., alc.) Whila Not While CALARDIA SIMER 6-4 1966 at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 2 designated agent, Suicide | Homicide death resulted from: Natural causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for PUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S William D. Boyd M. D. NAME (Type) Address (Street, city, town, or county) DEP 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or country) (Stete) Burial (Spacify) F45 9 St. Aloysius Ldonardtown Mar 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Maryland 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59 DATUN 2 0 '60 W.Clarke Mattingley Leonardtown, Maryland arthur & House



07302

DATE JUL 1

TO HOSPITAL DIRECTOR: After this certificate has been signed by the death certificate be executed within 24 hours after death. Page 4 may be read by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached far use as the burial-transit permit. The piece carban papers. Pages I and 2 shauld be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 7 hours after death.

VR A15 (4) 15M 9/59

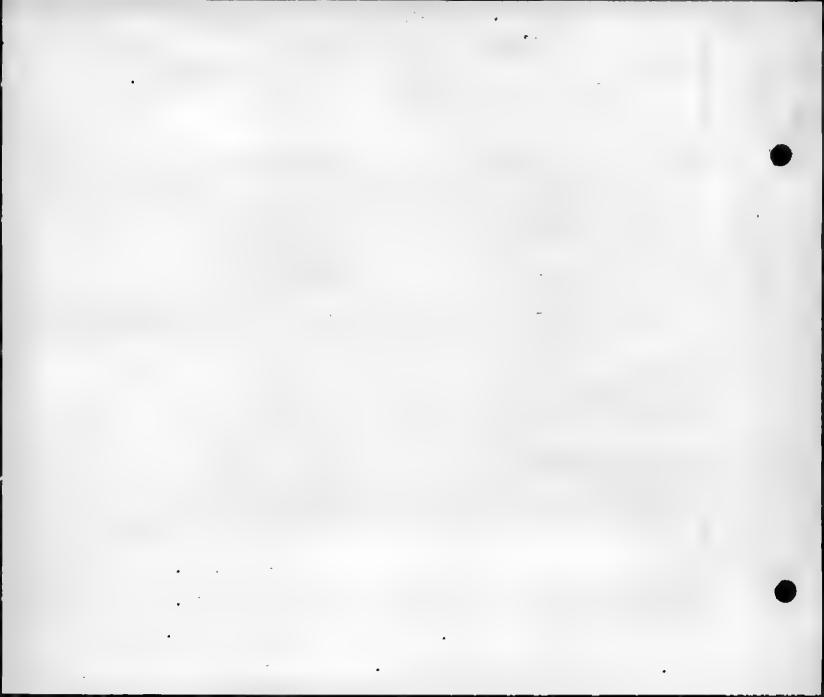
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| | | Mary's | | | ARYLAND | a. STATE | Maryle | ınd. | ved If institution b. COUNTY | St. M | ary's | |
| | b. CITY OR TOWN (if or RURAL and give near | est lown) | ts, write | c. LENGTH OF | STAY IN 16 | 10 - | | • | e limits, write R | URAL ond gr | ve nearest 1 | own) |
| | Leonardtown d. NAME OF HOSPITAL OR INSTITUTION St. Marv | | | ddress) | | d. STREET | | ark Ha | 1.1 | | 10 | RESIDENCE NA FARM? |
| - | NAME OF DECEASED (Type or print) | fu Ma.t | st | М | iddle | Lo Cu | ırtis | 4. DATE OF DEATH | Mon June | | Day 26. | Yeor 19 60 |
| S. : | Female 6 | Color or RACE | - | IED NEVER M | ARRIED ORCED | B. DATE OF BIRT | | orox. | AGE (In years lost birthdoy) | FUNDER 1 | | NDER 24 HRS. |
| 10a | US JAL OCCUPATION during most of working house wi | (Give kind of work ; life, even if retired | done 10b | KIND OF BUSINE | SS OR INDU | STRY 11 BIRTHP | | or foreign cour laryland | | 12 CITIZ | U.S. | TCOUNTRY? |
| 13. | FATHER'S NAME | 7 | 7 | | | 14. MOTHER'S | MAIDEN N | VAME | | | | |
| 15. | WAS DECEASED EVER II | N U S. ARMED FOR | CES? 16. | SOCIAL SECURITY | r NO. 17. | NFORMANT | - 1 | ¥ | Add | ress | | |
| | | res, give wer or dotes of s | | \ | | | ital F | lecords | | | | |
| | 1B. CAUSE OF DEATH PART I, DEATH Conditions, if ony, | WAS CAUSED BY AMEDIATE CAUSE (o | , (| for (o), (b) one | line | Janus Jan | lur | Sch | du | | | BETWEEN ND DEATH LIVER |
| z | gave rise to imm couse (a), stating the lying couse lost. | rediole (| 1 | CONTRIBUTION TO | D DEATH BILL | 7 NOT 851 ATEN T | A THE TERM | INIAI DICEACE | CONDITION CIL | /EN IN DADT | 1/a\ 10 \W | AS AUTOPSY |
| IFICATION | 20o. ACCIDENT WAS I | | | CRIBE HOW INJU | | | | | | EIR HR FAR | , PEI | NO D |
| CERTIF | OR CONTRIBUTING [| CAUSE OF DEATH | 200. 000 | SINE 11011 1100 | NT OCCORNE | er penter notero | | | | | | |
| MEDICAL | 20c. TIME OF INJURY Hour o. m. p. m. | Month, Day, Ye | ar 20d. II While at war | VJURY OCCURRED Not while at work | | ACE OF INJURY sclory, street, office | | | r town) | {Cc | iuniy) | (State) |
| | 21. I certify that saw the deceased | / وسره | dotteno | | , | death accurre | d at | M, from th | e causes an | | |) (we) last ted abave. |
| | 22c PHYSICIAN'S | mille | 0-1 | Elm | 1 | M.D. PHYS | DI | ED RECTOR [| STAFF PHYS | | 30/ | 226 DATE S GNEU |
| | NAME (Type) | nest Rehm | M.D. | | | | ngton | Park | | | | |
| 230 | BURIAL, CREMATION, | | | | CEMETERY C | OR CREMATORY | | · | ON (City, town, | or county) | (| State) |
| | Burial | 6/30/60 | | John | Westl | ey Cemet | ery | Chapti | | | aryle | nd. |
| 24. | FUNERAL DIRECTOR'S S | | | ADDRESS | | | | D BY REGISTRA | | STRAR'S SIGI | | |

W. Clarke Mattingley Leonardtown, Maryland



ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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| | lificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral extor. Page 4 sho | i's Office along with form PM3. Page 5 may be retained far your | 9 | | |
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| מול לפוקל ול הפרים ביינים ביינ | 0 | - | TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, crer | 3 | |
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| , et | | MARYLAND S | TATE DEPARTME | NT OF HEAL | TH-BA | LTIMORE, | 18 | 07304 |
|------|---------------|--|-----------------------------|---|-----------------|-----------------------|------------------|---------------------------------|
| | | 7398 MEDICA | L EXAMINER'S | CERTIFICA | TE OF | DEATH | Reg. Dist. N | |
| | | PLACE OF DEATH | | 2. USUAL RESIDENCE | (Where dece | | | perfore admission) |
| | | St. Mary's | MARYLAND | a STATE Nev | v Jer: | зеу ь соимп | ľ | |
| | | CITY OR TOWN (If outside corporate limits, write BURAL and give neares) town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | (If outside co | rporate limits, write | RURAL and give | neorest fown} |
| | | ral - Lexington Park | Temporary | Dea] | Ļ | | (1) | X |
| | • | I. NAME OF HOSPITAL OR INSTITUTION (If not in hosp | oital, give street address) | d. STREET ADDRESS | | | | e, IS RESIDENCE ON A FARM? |
| 3 | | | | 105 | Popla | ar Avenu | e | YES NO |
| i | | NAME OF First DECEASED | Middle | Lost | 4. DATE OF | Month | Da | |
| | | | | BERLE | DEATH | o and | | 1960 |
| | 5. 5 | The second secon | | DATE OF BIRTH | 221. | 9. AGE (in years | Months Days | R IF UNDER 24 HRS Hours Min. |
| | | Male Caucasian WIDOWED | | <u> </u> | 934 | 713. | | |
| | 10a | . USUAL OCCUPATION (Give kind of work done 10b, KI luring most of working life, even if retired) | IND OF BUSINESS OR INDUSTR | RY 11. BIRTHPLACE (Sig | | country) | | OF WHAT COUNTRY |
| | 10 | U. S. Army FATHER'S NAME | U.S.Army S | <u> </u> | /land | | USA | |
| | 13. | Frank Joseph Eberle | | 14. MOTHER'S MAIDEN Mary F | | non Adam | | |
| | 15 | WAS DECEASED EVER IN U. S. ARMED FORCES? 1615 | OCIAL ESCUERTIVA IO 112 MI | | | een Adam | 5 | |
| | [Yes | | | | | Address D 7 | ^ | D - 2 M |
| | | Yes 17/53 to 6/60 0 | btainable Ang | gelina Ebe | erle, | OS PODI | | Deal N . s |
| | | | | Ebaatina S | . Tenna | ***** M = | ON | ISET AND DEATH |
| , | | IMMEDIATE CAUSE (a) 11 OD | apre prutt | rracture o | x rrac | cure Ne | CK . | Immediate |
| 1 | | Conditions, if any, which) | | | | | | |
| | | gave rise to Immediate couse | | | | | | - |
| 5. | | [a], stoling the underlying DUE TO | | | | | | |
| 135 | Z | PART II. OTHER SIGNIFICANT CONDITIONS CON | NTR BUTING TO DEATH BUT NO | OT RELATED TO THE TER | MINAL DISEA | SE CONDITION GIVE | EN IN PART I(a) | 19. WAS AUTOPSY |
| | CERTIFICATION | | | | | | , | PERFORMED? |
| | TIEK | 20g. EXTERNAL CAUSE WAS PRIMARY DOOR CONTRIBUTING | HOW INJURY OCCURRED (En | nter nature of injury in P | art I ar Port I | I of item 18) | | |
| | _ | | Accident - | fra Filka | 3 | | | |
| 9 | WEDICAL | | JURY OCCURRED , 200. PLAC | E OF INJURY (Home, fo | rm, 20f. (Cil | y or lown) C | t. (County) | (Stote) |
| | MED | 2:00 p.m. June 1,19 60 While | k ot work W | ry, street, office bldg., of Llow Road | Le | kington | Park | y's, Md. |
| | | 21. I certify that I took charge of the re | emains described abov | re, held an Autop | sy 🔲, | nspection 📆, | Inquiry | , and find that |
| | | death resulted from: Nataral causes 🗔 | , Accident 🔀, Suic | ide 🔲 , Homicia | de 🔲, U | Indetermined c | ause 🔲. | |
| 3 | | 171 | | | | | | |
| | | SIGNATURE W. H. almeh | | M.D. CHIEF MEDICAL | EXAMINER [|] | | DATE SIGNED |
| | | EXAMINER'S LE II DAMEDITATE | | ASSISTANT MEDI | CAL EXAMIN | ER 🔼 | 2 T | 1000 |
| | | NAME (Type) W . H . PAIRIUK | 7 | DEPUTY MEDICA | L EXAMINER | | 2 100 | ne 1960 |
| | 220 | REMOVAL (Specify) | 2c. NAME OF CEMETERY OR C | REMATORY | 22d LOC/ | ATION (City, town, o | or county) | (Stote) |
| | | | Mt. Carmel | 12 | | Branch, | New | Jersey |
| | | FUNERAL DIRECTOR'S SIGNATURE | | | C'D BY REGIS | | TRAR'S SIGNATI | |
| | W | .Clarke Mattingley Leonard | town, Maryland | 1 DATE | THH 6 | <u> </u> | UNA MARE 201, 14 | |

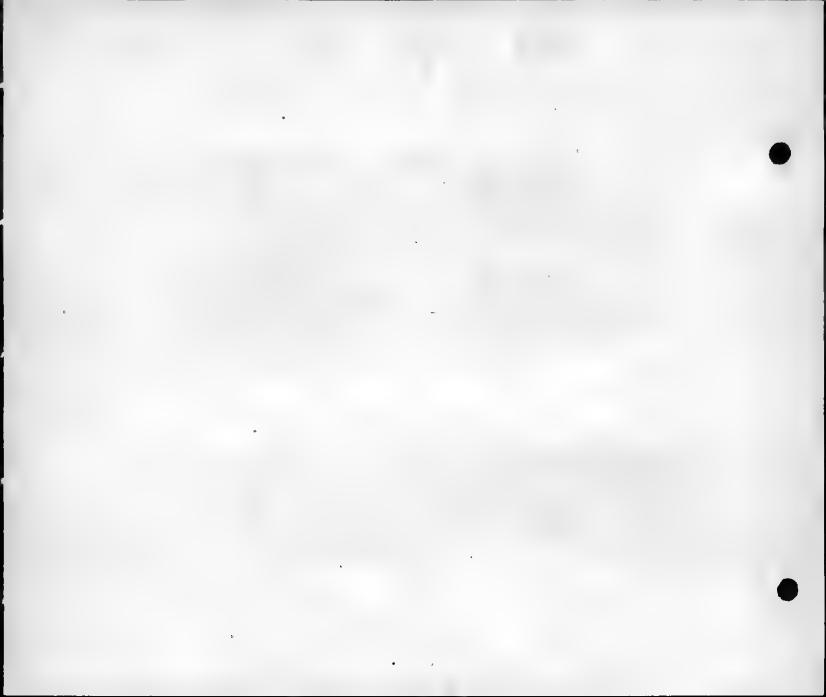


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| CERTIFICATE | OF | DEATH |
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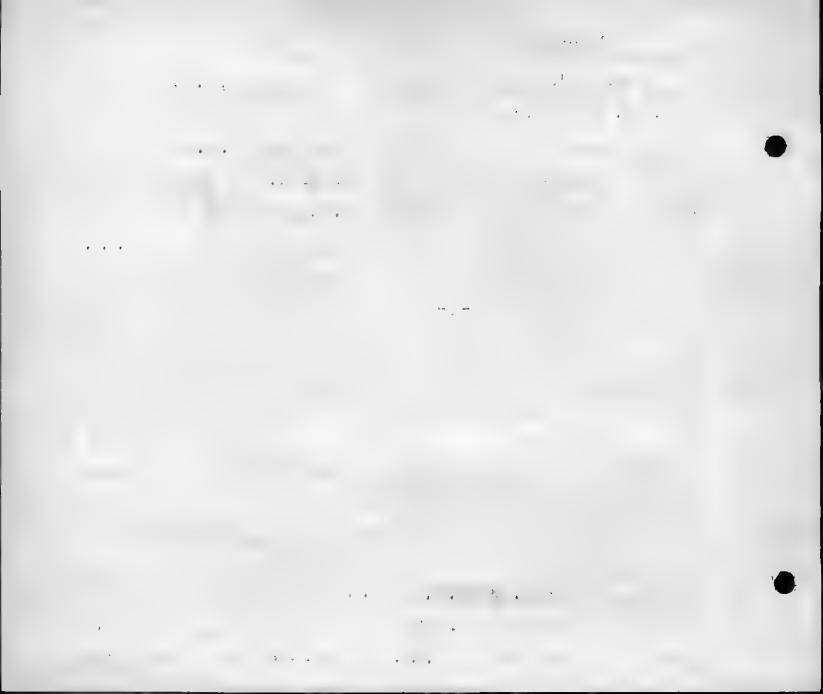
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| /1 | 1. PLACE OF C a. COUNTY | | St. N | larvs | | M | ARYLAND | 2 0 | . STATE | Mary. | | d lived ib. | f institutio | n Residence St.] | before o | dmission S |) |
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| | | | oresi town) dtown | 1 | | | | $\parallel \; \rangle$ | | St. | Inig | | | | | | |
| 2 | d. NAME O | F HOSPITA | | | ive street | oddress) | | , | STREET A | | | , | | | | S RES DI | |
| | OR INSTI | TOTION | St. | Mary | s H | ospital | | 1 | | Rui | ral | | | | | ON A FA | |
| | 3. NAME OF DECEASED (Type or prin | nt) | (| CECEL | | В. | idle | GRI | EN Los | t | 4. DATE OF DEATH | J | une | 18 | Day | Yeo | 60 |
| | 5. SEX | | 6. COLOR | OR RACE | 7 MARI | RIED NEVER MA | RRIED 🔲 | | TE OF BIRTI | | | 9. AGE | (In years | IF UNDER | | | |
| | fem | | | ored | | | RCED 🗌 | | ıgust | . , , . | 1884 | 751 | yrs. | Months | Doys H | OUTS | Min |
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| | | usew | | ir ii tembe | | Domest | tic | | Mar | vlan | d | | | | US | A | |
| | 13. FATHER'S N | | | | | | | 14. | MOTHER'S | MAIDEN N | AME | | | | | | |
| | | E | deer | Bisc | ene. | | | | No | ra Si | mith | | | | | | ٠ |
| 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Sarah Ramsey- 102 Kearney Ave. Je | | | | | | | | | T | | 034- | | | | | | |
| | no_ | , | | | | | Se | rai | ı Kan | rsey- | TOS | Kea | rney | AA6 | .Jek | sey | City |
| | | OF DEAT | TH [Enter o | only one co | use per/li | ne for (a), (b), and | (c).] | | 18 |) | 17 | | - | | LIN TERV | AL BETW | EEN |
| | PAI | RT I. DEAT | H WAS CA | USED BY: CAUSE (a | , (| 1000 | n a | n | (') | 100 | Lu. | re. | | | ONSET | AND DE | All K |
| | 27. | 20 | 1 | DUE TO | | 1 1 | | 1 | 1) | | <u></u> | | | | green | 7 | - GC-C |
| | Condilio | ins, if on | which) | | . (| 1.100 | | 20 | li | 11. | | | | | 10 | -20 | 3-1 |
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| | lying cou | , stating ti | he <u>under-</u> (| | | | | | | | | | | | | | |
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| | PAIN PAIN PAIN PAIN PAIN PAIN PAIN PAIN | FX | ac. | +0 | | 1 1 | em. | 1.7 |) | | * | | | | P | ERFORM | ED? |
| | 200 ACCIO | DENT WAS | UNDERLY | NG [] | 20b. DES | CRIBE HOW INJUR | Y OCCURRE | D. (Ent | er nature a | Finjury in Pi | ort I ar Pari | III of ite | n IB.J | | | * Lad | A |
| | | NOTIFY A | MEDICAL EX | AMINER) | | | | | | | | | | | | | |
| | 20c. TIME C | | Month, | Day, Yea | | NJURY OCCURRED | 20e. PL | ACE O | F INJURY (I | Home, form, | 20f (City | or tawn) | | (C | ounty) | | (Stole) |
| | Haur Haur | o. m. p. m. | | 19 | While of wor | Not while | 10 | ciary, s | freel, office | bldg., etc.) | | | | | | | |
| | 21 L car | - | at Lotten | ded the | decens | ed fram | | | . 19 | 10 /· | XVV | 110 | 10/86 | that I le | | 46 - 4. | |
| 1 | alive on | 1 / | 100 | ~~! | 10 | 10 d | at death | | | 0 | 9 | | | | | | |
| | University on | -1-15 | Jak | ×× | ~ · · · | , did 11 | idi dedii | 1 0000 | ried di | | _:M, fran LDDBESS (St | | | | e date : | DATE | abave. |
| | ACTUAL | . // | yn | ento | 0 7 | 1/8/00 | n | | Zer | 1001 | 7 | 11 7 | 1. | 20.0/ | - | 7.5/ | maleri |
| | SIGNATUR | : | | 1 0 | - 1/ | and the | | M.D. 4) | ZA: | 1 | | 444 | May | 47.9. | | TYV. | 1140 |
| | PHYSICIAN NAME (Typ | | rnes | t M. | Reh | m , MD | | | Lex | lngto | n Par | rk, | Md. | | | | |
| | 220. BURIAL, CI | | 4, 27b. DA | TE THEREO | F | 22t. NAME OF C | EMETERY O | R CREA | AATORY | | 22d LOCAT | TION (Cit | y, lawn, or | county) | | (Slate) | |
| | REMOVAL Bijri | | 6 | /22/ | 60 | Mt. Z | ion (| Cem | eter | | St | mpr. | 2 | | Mo | | |
| | 23. FUNERAL DI | RECTOR'S | | E | | ADDRESS | | | | 24a REC'D | BY REGIST | | | RAR'S SIG | NATURE | | |
| , | P.B. | Rob | inso | n- L | eona | rdtown, | Md. | | | DATEJUN | 2 7 '6 | 0 | ant | Lun 8 : | Hanua | | |



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYL EXAMI USUE AESIDENCE (Where decessed lived, if institution, Residence before edm ssyon) 1. PLACE OF DEATH Page a. COUNTY b. COUNTY files. St. Mary's Washington, D. C.
c. CITY OR TOWN (If ours do corporate limits, write RURAL and give necrest lown) MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 director. write RURAL and give neerest town) St. George Island Rural d. NAME OF HOSPITAL OR INSTITUTION (3 not In hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an te the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained a DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Is and a cont. or to burial, cremation, or removal, and in any event vittin 72 hours after death. YES NO T 1716 Kenyon St. W 3. NAME OF 4. DATE Middle Month Year DECEASED OF (Type or print) DEATH Michael 1960 Heister Jr 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH Male WIDOWED White DIVORCED 10a. USUAL OCCUPATION (G.ve kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Salesman Marvlan U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Heister Stella Willeke 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | [If yes give war or deles of service] 18. CAUSE OF DEATH |Enter only one cause per line to INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO gova rise to immediate cause lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's FUNERAL DIRECTOR: Page 3 should be used as a DUF TO (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.81, 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter pature of Injury in Part I or Part II of Item 18.) PRIMARY PT or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ' 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) factory, street, office bidg., atc.) While Not While at work - at work w Hom 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry death resulted from: Natural causes Accident Suicide -Homicide Undetermined manner CHIEF MEDICAL EXAMINER | designated ACTUM ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE_ DEPUTY MEDICAL EXAMINER EXAMINER'S William D. EXXXXXXXX Boyd M.D. NAME (Type) Address (Street, city, town, or county) DEPT 228, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) E40 9 Burial 6/10/60 Mt. Olivet Washington 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Collins Funeral Home 3821 14th St.N.W. Washington, D. Chin 10'60 Cathan S. Kenus

RYLAND STATE DEPARTMENT OF HEALTH



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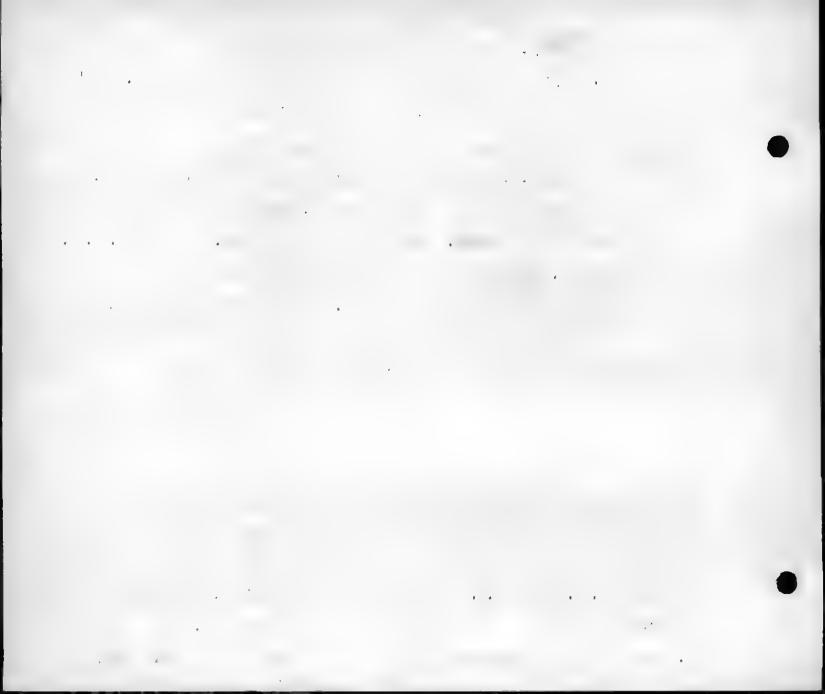
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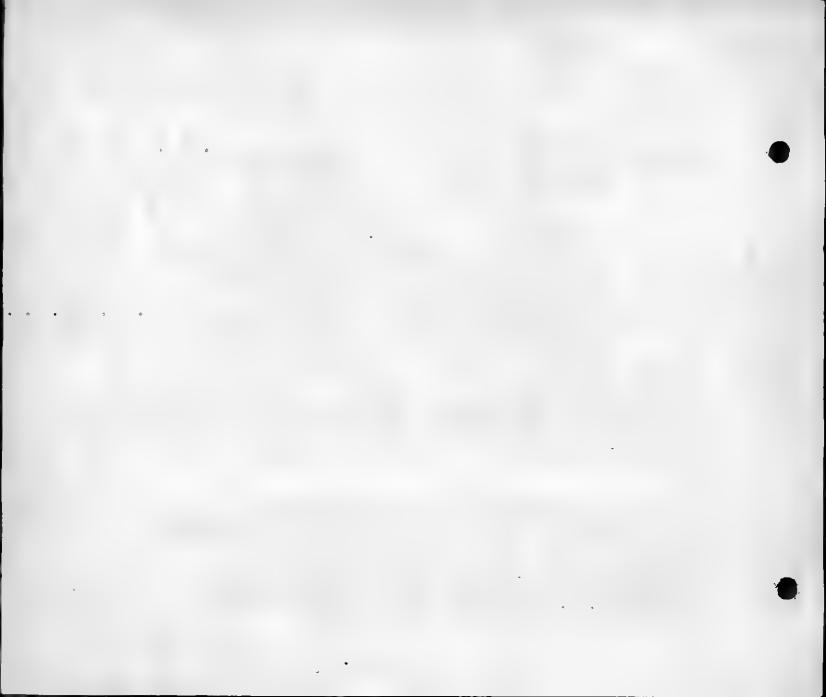
after death. Page

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where detensed lived. If institution. Residence before admission) a. COUNTY p. STATE **b.** COUNTY MARYLAND St. Mary Mary's Marvland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 16 RURAL and give negrest town) Lexington Park Leonardtown Ohra. d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? St. Mary's Hospital YES | NO X 54 Coral Place Hodgdon lost First Middle 4. DATE Manth Day Year DECEASED DEATH (Type or print) 19 60 Lucille June Margaret Hodgd son IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9 AGE (in years lost birthday) Months Days Hours WIDOWED [DIVORCED | Female White 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? U. S. A. Home Housewife 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Suite Henry P. Burroukhs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Natt L. Hodedson 54 Coral Place Lexington Park, CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Maryland INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO I 20d. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg, etc.) Hour a.m While Nat while at work of wark 1960_, that (I) (we) last 21 | certify that (1) (this haspital) attended the deceased fram.... Townfram the causes and an the date stated above. why 5 1800 saw the deceased alive an... and that death accurred at 2t 220 SIGNATURE 22b DATE SIGNED ATTENDING PHYS STAFF _ M.D DIRECTOR | 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) P. J. Bean Great Mills. Maryland 23a. BURIAL, CREMAT ON, 23b. DATE THEREOF 23d LOCATION (City town, or county) **CREMATORY** 23c NAME OF (Stote) Cremation 6/8/60 Cedar Hill Suitland Maryland ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE W.Clarke Mattinkley Leonardtown, Maryland Orthur & Kraus DATE TIN 8

HOSPIT R ATTEN o 0 VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. 2 USUAL RESIDENCE (Where decoosed lived. If institution: Residence before odm ssian) PLACE OF DEATH a. COUNTY Health, rector. MARYLAND Marys b CITY OR TOWN (It aviside corporate im ts. write RURA. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL analysis nearest town) 45 Maddox Washington d NAME OF HOSPITAL OR INSTITUTION, HE not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO T Point Shores 413 -17th St. NAME OF Middle DATE Month Year DECEASED (Type or print) DEATH 28 JETER 19 60 MARGARET June 9 AGE Ith years 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS fost birthdayl Months Days Hours WIDOWED I DIVORCED [VES 10a, USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? Government Union South Carolina Secretary 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Rosetta Dawkins Austin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Rosetta Jeter -413-17th St.N.E. Was. D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN along , ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) pencil in **DUE TO** Conditions, if any, which gave rise to immediate couse pending in picol Examiner **DUE TO** (a), stating the underlying cause fast. D 6 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II 101 19. WAS AUTOPSY esed PERFORMED? The ward "pend Chief Medical E 3 should be used to burial, crem NO P 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY TO CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 1 20e PLACE OF INJURY (Home, form, 20f. (City or fown) Month, Day, Year (County) (Stole) Not while Y factory, street, affice bldg., etc.) writing to the (2819 C. Dat work of work of Wicomics Rev 200 p m Poge 21. I certify that I took charge of the remains described above, held an Autopsy 🗍 Inspection 💽 Inquiry 7 CTOR: Accident 🕶 Suicide , Homicide , opinion death resulted from: Notural causes Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 6/30/60 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** shauld FUNER NAME (Type) DEPUTY MEDICAL EXAMINER-Boyd. 220. BURIAL CREMATION 226 DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Washington, 2 Removal 240 REC'D BY REGISTRAN 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE **V5.** A15ME Spangler Funeral Home 5M 2/57



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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| | PLACE OF DEATH | - | - | | 2 | USUAL RESID | ENCE (Wh | ere deceose | d lived. If institu | | ence befare a | dmissian) |
|----------|--|--|--------------|----------------------------|-------------|------------------|--------------|---------------|----------------------------------|-----------------------|---------------|-------------------------|
| ' | an e | Marv's | | MARYI | AND | a. STATE | Maryl | and | b. COUNT | | Mary's | 3 |
| | b CITY OR TOWN (if RURAL and give ne | outside corparate lim orest lown) | its, write | c. LENGTH OF STAY | N 1b | c. CITY OR TO | OWN (If o | utside corpo | orate limits, write | RURAL ond | give nearest | lown) |
| 1_ | Leonardt | own | | 26days | | Rt.1 | Cle | ments | 3 | | | |
| | d. NAME OF HOSPITA | AL (If not in hospital, s | give street | oddress} | | d. STREET AL | DDRESS | | | | e. IS | RESIDENCE IN A FARM? |
| | | St. Mary's | Hosp | ital | | | | | | | | S NO NO |
| 3. | NAME OF DECEASED | Fu | rst | Middle | | Last | | 4. DATE OF | М | onth | Day | Year |
| | (Type or print) | W1111 | am | Mark | La | tham | | DEATH | Jun | 4 | 23, | 19 60 |
| S. 5 | SEX | 6. COLOR OR RACE | 7. MARR | IED 🛣 NEVER MARRIE | D 🔲 B. C | DATE OF BIRTH | l | | 9. AGE (In year last birthday | | | INDER 24 HRS |
| | Male | White | WIDOWI | ED DIVORCED | | Sept.2 | 1,1902 | 2 | 57 Y | | Duys Inc | MINI, |
| 10a | USJAL OCCUPATIO | N (Give kind of work ing life, even if retired | done 10b. | KIND OF BUSINESS OF | RINDUSTRY | 11. BIRTHPLA | ACE (State | or foreign c | country) | 12 CI | TIZEN OF WH | IAT COUNTRY? |
| | State Re | | ' | Maryland | | | | Ma | ryland | U | J.S.A. | |
| 13. | FATHER'S NAME | 94.98 | | 1-12-7-1-12-1 | 1 | 4. MOTHER'S | MAIDEN N | | | | | |
| | W41 | liam Marti | n La | tham | | Flo | rence | MM: | ttingly | | | |
| | WAS DECEASED EVER | IN J. S. ARMED FOR | RCES? 16. | SOCIAL SECURITY NO | 17, INFO | RMANT | | | A | ddress | | |
| (Te | s, no, or unknown) (| If yes, give war or dates of : | 2. | 13-22-0622 | | Wilhel | mi na | G. La | tham | Cleme | nts | |
| F | 18. CAUSE OF DEA | TH [Enter only one co | ouse per lit | ne for (o), (b), and (c).] | | A | ***** | | | | INTERVA | L BETWEEN |
| | | TH WAS CAUSED BY: | | Carma | 4. | - 4 | ulan. | x- | | | ONSET | AND DEATH |
| | 420 | IMMEDIATE CAUSE (c | , | TO NO KA | 74 | | 7 | | | | _ | |
| | Condition if or | | , | | * | | * | | | | | |
| | Candilions, if or gove rise to in | nmediole |) | | | | | | | | | |
| | cause (o), stating to lying couse last, | | | | | | | | | | | |
| z | | ER SIGN FICANT CON | | CONTRIBUTING TO DEA | TH BUT NO | T PELATED TO | THE TERM | NA: DISEAS | E CONDITION (| SIVEN IN PA | PT 1(a) 19. W | VAS ALTOPSY |
| FICATION | | | 401.10(43.5 | DOMINIO TO DES | <u>.,,,</u> | T KEDTIED TO | 7176 1613411 | TIPE GIGETIO | 2 | p. 1 Gr 1 1 1 1 1 1 1 | . P | ERFORMED? |
| FIC | 200. ACCIDENT WA | S LINDERLYING T | 20h DES | CRIBE HOW INJURY OF | CURRED 4 | Enter nature of | injury to F | Part Lor Par | rt II of item 18.1 | | 1 10 | s 🗌 NO 🏋 |
| CERT | OR CONTRIBUTING | CAUSE OF DEATH MEDICAL EXAMINER) | -00. 013 | CHICK FOR HOOK O | CONNED (| Lange motore di | adaily in a | | | | | |
| | 20c TIME OF INJURY | | 1 | NJURY OCCURRED | 20e. PLACE | OF INJURY (H | lome form | 20F (Cir | v or lown) | | (County) | (Stote) |
| MEDICAL | Hour a.m. | 19 | Whi e | Not while | | , street, office | | | , 0. 101111 | | (C001114) | (Signe) |
| 2 | p. m. | | - | k 🔲 at work 🔲 📗 | | | 10- | 1 | A | | <i>d</i> . | |
| | 21 I certify tha | t (I) (this haspita | down in | led the deceased | | | | 60 .tag | fine : | | | (I) (we) last |
| | saw the deceas | ed alive an 💥 | w. 23 | 1960 , and | that dea | th occurred | l of\$27 | M, fram | the causes | and an th | ne date sta | ted abave. |
| | 220 SIGNATURE | 1 3 | | 0.0 | | ATTENDING | | | | | | 225 DATE SIGNED |
| | Pla | wish the | sun | well | M.D | PHYS | LI DII | RECTOR | STAFF PHYS | | | 5.0.100 |
| | 22c PHYSICIAN'S NAME (Type) | Ohamlas Co | | 111 1/ 5 | | 22d. ADDRE | 9.5 | | | , | | |
| | | Charles Gr | Beline | 111 M.D. | | Le | onard | ltown, | Maryla | nd | | |
| 230 | BURIAL, CREMATIO | N. 236 DATE THERE | OF | 23c NAME OF CEME | TERY OR C | REMATORY | | | TION (City low | | 3.0 0 | (Stote) |
| | REMOVAL (Specify) Burial | 6/27/60 |) | St. Alo | ysius | | | Le | onardto | wn, | Maryl | and |
| 24. | FUNERAL DIRECTOR | SSIGNATURE | | ADDRESS | | | | D BY REGIS | | GISTRAR'S S | IGNATURE | |
| | W. Clark | e Matting | ley | Leonardt | own. | Md | DATE JL | JN 28' | 60 | arthur . | 8. Kina | |
| | | | | | | | | | | | | |



| | | Division of STATISTICAL RESEARCH AND RECORDS, | 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
|--|-----|--|--|
| FOR STATE | w . | 7MEDICAL EXAMINER'S | CERTIFICATE OF DEATH 07310 |
| HEALTH DEP | 1. | 1. PLACE OF DEATH o. COUNTY | 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) |
| or. Page ir files. | V | b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) | e. STATE Maryland St. Mary s c. CITY OR TOWN (.f outside corporate limits, write RURAL and give neerest town) |
| y is ne direct differ you Board o | | Hollywood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | Rural Hollywood d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? |
| an etaine estate death | 9 | 3. NAME OF First Middle DECEASED | Last 4. DATE Month Dey Year |
| デ 2 8 2 m a m a m a m a m a m a m a m a m a m | | (Type or print) Philip Herbert | Miedzinski DEATH 6 22 1960 |
| S af | | TI MATINGED TO THE TOTAL OF THE PARTY OF THE | DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min. |
| and and 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | october 17,1945 16 yrs. |
| Page Sand | | 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) School child | 11. BIRTHPLACE (State or fore gn country) Hollywood U.S.A. |
| 등 등 등 등 | | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 2 2 2 2 | / | John E Miedzinski | Mary Evia Mekay Mary Erva McKay |
| 温の自己を | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [(Ifyesgivewerordetesofservice)] | NFORMANT Address |
| A State of the sta | | No. | John E. Miedzinski |
| or a de la | | 18. CRUSE OF DEATH [Enter only one cause per I ne for (e), (b), end (c),] | INTERVAL BETWEEN |
| long ansi | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | more trees and death |
| 50 Sent | | 8/0 X DUE TO Z | |
| Pari Pari | | Conditions, if any, which \ (b) Tracture st | cull mymeliete |
| short start | | geve rise to Immediate couse (a), stating the underlying DUE TO | The second secon |
| andi nine od a | | cause lest. (c) | |
| ord "pe ord "pe ol Exan be use mation. | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (En PRIMARY or CONTRIBUTING Motor vehicle was cause of beath. | RELATED TO THE TERMINAL DISEASE CONDITION G.VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P |
| Medic Should should should | | 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Motor vehicle | with bicycle |
| Hier S | | 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE While Not While Section 10 at work 1 | E OF INJURY (Homa, farm, 20f. (City or town) (County) (State) |
| F. Page 1 | | 8:10 Hour 6/22 1060 While Not While at work work Md. | St.Rt.235 Hollywood St. Mary's Md |
| 전투 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문 문 | | 21. I certify that I took charge of the remains described above, held | d an Autopsy . Inspection . Inquiry . and in my opinion |
| Call | | death resulted from: Natural causes | de, Homicide, Undetermined manner |
| SE S | | | CHIEF MEDICAL EXAMINER |
| ME for the state of the state o | | ACTUAL SIGNATURE | M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| 25 Se out | | EXAMINER'S | DEPUTY MEDICAL EXAMINER |
| DEP ease ex should FUNE its des | | NAME (Type) P. J. Bean M.D. Great Mills 228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR | Md Address (Street, city, town, or county) CREMATORY 22d. LOCATION (City, town, or country) (State) |
| O DEI Please 4 shou O PUT | | REMOVAL (Specify) | |
| H H | | Burial 6/25/60 St. John's ADDRESS | Hollywood, Maryland 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE |
| VS. A15ME 5M 7/59 | 1.1 | W.C. Mattingley | d DATE JUN 28'60 arthur 8. Known |
| | 1 | Leonardtown, N | 0 |

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY files. Health, ay is necessary, al director. Page e. STATE **b.** COUNTY St. Mary's MARYLAND Maryland St. Mary b. CITY OR TOWN (if outs de corporete limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURAL and give nearest town) your | write RURAL and give neerest town 5 Great Mills l hr. Rural Lexington Park 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO State 3. NAME OF M dale Last 4. DATE Mosth Day Year MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any of the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retailed DIRECTOR: Page 3 should be used as a burial-trensit permit file pages 1 and 2 with the Street ages 1, prior to burial, cremation, or removal, and in the pent within 72 hours after deather the pent within 72 hours after the pent within 72 hours after deather the pent within 72 hours DECEASED OF (Type or print) XX XX Sylvester Noland DEATH 19 60 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) | Months | Mala Colored WIDOWED [DIVORCED [July 19,1947 12 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? School child U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Duckett File ent Ethel Noland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Office along with the burief renait permit permit bearing and in the permit permit bearing to the permit permit bearing to the permit p Ethel Noland Lexington Park, Maryland 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. 10 Jour. IMMEDIATE CAUSE (e) **DUE TO** (b) gave rise to immediate cause DUE TO (e), stelling the underlying couse last, (c) cremetion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word NO 20a. EXTERNAL CAUSE WAS 20h. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | forwarded to the Chief Me L DIRECTOR: Page 3 sho CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) While Not While el work at work Traver 21. I certify that I took charge of the remains described above, held an Autopsy Inspection H Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [should be forwer FUNERAL DI ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1 EXAMINER'S NAME (Type) Address (Street, city, town, or county) DEP 22a. BURIAL, CREMATION, 22b. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) Burial (Specify) Holy Face Great Mills. Md. 40 240. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME W. Clarke Mattingley Leonardtown, Maryland DATE JUN 2 0 '60 arthur S. House 5M 7/59



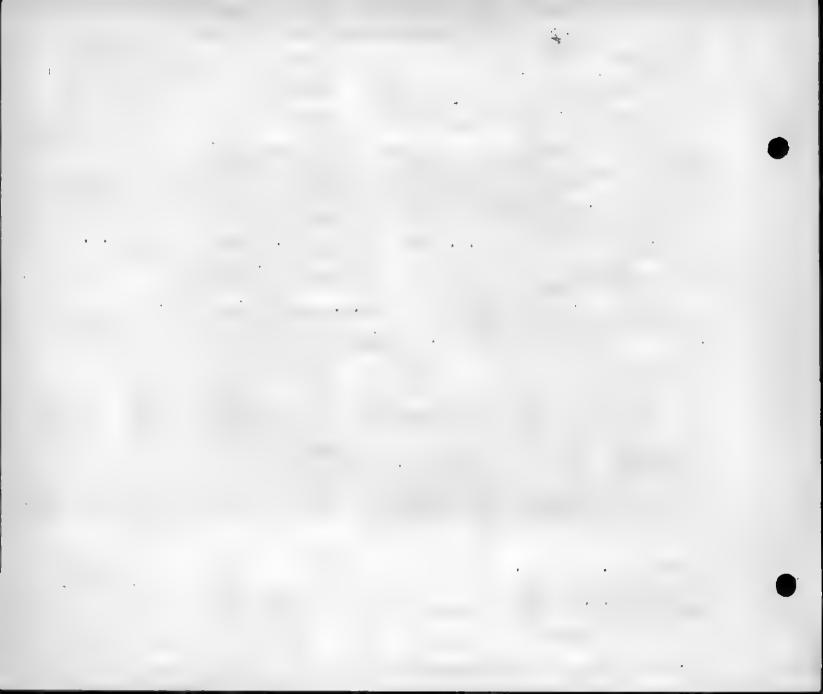
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| AI EXAMINER: This certificate should be executed within set hours after seath. If any delay is necessory, plea, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral ector. Page 4 should find Medical Examiner's Office along with form PM3. Page 5, may be related to page 1. | buriol-tronsit permit. File pages I and 2 with the registrar prior to buriof, cremat |
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| DEPUTY MEDICAL EXAMINER: This center in infects, writing the word "perward" to the Chief Medical Examine | PIRECTOR: Poge 3 should be used os o bi |
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| AEDICAL EX, lificate, writing the Chief A | Ö |
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5M 9/55

| | MARYLAND STATE DEPARTM | ENT OF HEALTH—BALTIMORE, 18 | | | |
|----------|--|---|--|--|--|
| | 7333 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | | | | |
| | 1. PLACE OF DEATH O. COUNTY | 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) | | | |
| Л | Saint Mary's MARYLAND | a. STATE Maryland b. COUNTY Saint Mary's | | | |
| | CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) | | | | |
| 1 | USNAS, PATUXENT RIVER 21 Months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | STREET ADDRESS OF A TUXE NT RIVER | | | |
| A Second | UUNAS (STATION HOSPITAL) | PATUXENT RIVER, MARYLAND VES NO DE | | | |
| | 3. NAME OF DECEASED (Type or print) Lawrence Harry PRIE: | STER Lost Month Doy Year OF THE June 7 1960 | | | |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED \(\bar{\Delta}\) B | DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. | | | |
| | Male Caucasian widowed Divorced | 8-20-40 19 yrs, months buys months | | | |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | |
| | Hospitalman U.S. NAVY | Illinois USA | | | |
| 1 | | 14. MOTHER'S MAIDEN NAME | | | |
| , 1 | Harry Edward PRISTER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III | Christena (n) VAN TYLE | | | |
| 1 | YES 1957/1960 341 32 4531 Official U.S. NAVY RECORDS | | | | |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] | | | | |
| | PART : DEATH WAS CAUSED BY: FRACTURE, DEPRESSED, SKULL, COMFOUND, With Immediate | | | | |
| | 6 + x DUETO Brain Injury | | | | |
| | Conditions, if crity, which gove rise to immediate couse (6) | | | | |
| | (a), stating the underlying DUE TO | | | | |
| | COUSE IDST. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BIFT N | TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING T | PERFORMED? YES NO [X] | | | |
| | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. | nter nature of injury in Port I or Part II of item 18.) | | | |
| | The state of the s | Ambulance which was struck by aircraft | | | |
| | 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC | CE OF INJURY (Home, farm, 120f. (City or town) (Caunty) | | | |
| | | USNAS PATUXENT RIVER, MARYLAND | | | |
| ۱ | 21. I certify that I taak charge of the remains described about | | | | |
| | death resulted from: Natural causes , Accident K. Suid | | | | |
| 1 | ACTUAL Stanley D. HARMON LT (MC)U | USNAS Patuxent River, Md DATE SIGNED | | | |
| | //1/1/3000 MD | ASSISTANT MEDICAL EXAMINER 7 June 1960 | | | |
| | EXAMINER'S WIN D. BOYD ND | DEPUTY MEDICAL EXAMINER | | | |
| | 22c. NAME OF CEMETERY OR REMOVAL Specify) | | | | |
| | Burial 6/11/60 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | Downers Grove, Kinn Ill. | | | |
| | | 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUN 1 3 '60 C (Lmg S, Frank) | | | |
| Į. | W. Clarke Mattingley Leonardtown, Marylan | d DATE JUN 1 3 '60 C (lun & France | | | |



| 1 | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|---------------------------------|-----------|---|
| d no | | 733 MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| should | | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |
| 4 sh | , | Saint Mary's MARYLAND G. STATE Maryland b. COUNTY Saint Mary's |
| Poge burial, | } | b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) and give nearest town) |
| _ | 1 | Lexington Park, Maryland 1 yr 9 mos WSNAS, PATUXENT RIVER, MARYLAND |
| tar. | . 1 | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMAN |
| ā ā | | USNAS (STATION HOSPITAL) PATUXENT RIVER, MARYLAND VES NO P |
| your your egistrar | | 3 NAME OF DECEASED (Type or print) Loren Vincent STALTER Lost 4 DATE Month June 14 19 60 |
| e for | | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. |
| さられ 本の本 | | Male Caucasia WIDOWED DIVORCED May 14, 1941 19 yrs. Months Days Hours Min. |
| etoi ×i | | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| E e E | | Airman U.S. Navy Bremen, OHIO U.S. |
| 1, 2, | | 13. FATHER'S NAME |
| 200 | II | Deceased Edna Marie VANATTA |
| Poge Sign | ~/ | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address [Vist. no., or birthrown] [If yes, give war or doles of service) Address |
| Give F. P. | | Yes Active 299344478 U.S. Navy Official Records |
| | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH |
| E 2 3 | | PART I. DEATH WAS CAUSED BY: INJURIES, Multiple Extreme (8651) 4 hrs 9 m |
| th for | | 822X DUE TO |
| in Salar | • | Conditions, if any, which (b) gave rise to immediate cause |
| ono Jong Vrio | | (0), stating the underlying (DUETO |
| -E -0 -0 | * | couse lost. (c) |
| i ji o | ,c. | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDRY |
| D ~ 2 | | YES NO TO SOME WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| - E = | 17 | To CAUSE OF DEATH. Automobile Accident |
| word Exam should | 1/ | 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) |
| | | White Not work 20140 p.m. 6 14 1960 of work 5 of work 20 Route 235 2 Miles So. Lexington Park. |
| writing the vise Medical | | 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that |
| R. P. | Name . | death resulted from: Natural causes, Accident, Spicide, Homicide, Undetermined cause |
| ficole, writi the Chief A | - | Lux (IVI) to fresh In D |
| the the | | ACTUAL Lt. Joseph H. MILLER, III MC JSINE MEDICAL EXAMINER DATE SIGNED |
| | | ASSISTANT MEDICAL EXAMINER T Type 14, 196 |
| Property and a second | | EXAMINER'S NAME (Type) W. H. PATRICK MD ASS. DEPUTY MEDICAL EXAMINER TO |
| forworded in FORMAL or removal. | | 220. BURIAL, CREMATION, REMOVAL (Specify) 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) |
| 0 000 | | Removel 6/15/60 Bremen, Chio |
| 5. A15ME(5) | | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| 5M 9/55 | | W. Clarke Mattingley Leonardtown, Maryland DATESUN 20'60 Collary & King |



MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence before admission) a. COUNTY O. STATE **b.** COUNTY St. Mary's MARYLAND Indiana burial, b. CITY OR TOWN (If outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest lown) USNAS, PATUXENT RIVER Richmond 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (Station Hospital) 220 N. 165 St. NAME OF Middle DATE funeral DECEASED (Type or print) Frank DEATH June WILLIAMS for 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE |In years ed 3 to the fretained for IF UNDER TYEAR lost birthday) Months Male Caucasian WIDOWED | DIVORCED IT 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) ond U. S. Air Force Ohio 9 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Horace L. Williams Grace F. (Last name unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes 8. Give PM3. Po 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) INJURIES, MULTIPLE, EXTRE "pending" in period with re-rine's Office along with re-**DUE TO** Conditions, if any, which gove rise to immediate couse should **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Pilot of Air Force Helicopter struck by naval aircraft (F8U). Exami ificate, writing the word the Chief Medical Exan DIRECTOR: Mage 3 should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. [City or town] while of work of work USNAS, Patuxent River, Md. St. Mary's, Maryland Hour XX. June 7 1960 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that Accident A, Suicide , Homicide , Undetermined couse death resulted from: Natural causes , Station Hospital, USNAS. Patuxent River, Md. DATE SIGNED ACTUAL SIGNATURE forwar TO FUNERAL I ASSISTANT MEDICAL EXAMINER EXAMINER'S Wm. D. BOYD DEPUTY MEDICAL EXAMINER KT NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify) Richmond en Haven Mem. Cem ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR VS. A15MEI51 JIL 11 Rinaldi Funeral Home, 816 H St., NE, Wash. DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RES DENCE ON A FARM?

YES NO F

Year

1960

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

7 June 1960

(Stote)

Indiana

Immediate

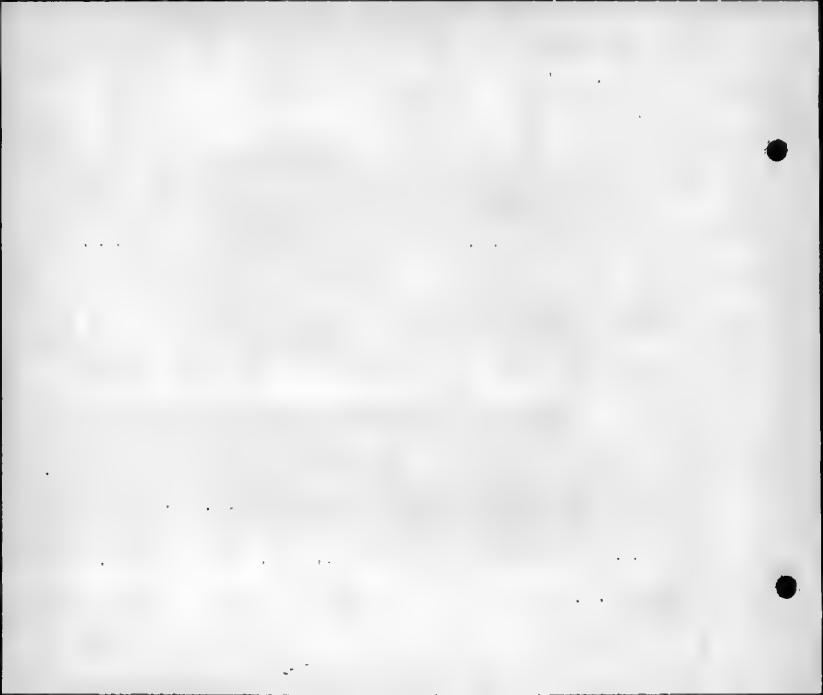
PERFORMED? NO

(Stote)

U.S.A.

(County)

5M 9/55



deoth.

The state of the s The second state of the second AN ENTHURSE II besternt prest remain thindran cardia certificate be executed

